



TOWN OF UXBRIDGE

BOARD OF HEALTH

TOWN HALL

21 SOUTH MAIN STREET

UXBRIDGE, MASSACHUSETTS 01569

RESIDENTIAL AND COMMERCIAL SOLID WASTE
CURBSIDE COLLECTION PERMIT APPLICATION

Date: _____

Fee: \$100.00

Name of Facility: _____

Address of Facility: _____

Telephone #: _____ FAX: _____

Owner/President: _____

Requirements for Application

- A list of references from companies from whom the facility has hauled wastes.
- Proof of property/liability insurance
- Overview of company - services
- Letter of intent to operate in the Town of Uxbridge
- Statement you are in good standing with the Dept. of Revenue
- A list of facilities that garbage and recyclables will be disposed at.
- An estimation or exact figure of the tonnage of refuse and recyclables that the facility has collected during a three (3) month period of time will be needed on a quarterly basis.

The applicant has received Article XIX - Regulations for commercial/residential, municipal, and residential refuse/recycling permitting and operation.

Signature of Applicant _____

Printed name of Applicant _____